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FISCAL IMPACT STATEMENT

LS 6833

BILL NUMBER: HB 1118

NOTE PREPARED: Feb 4, 2021

BILL AMENDED: Feb 2, 2021

SUBJECT: Mobile Integrated Healthcare Programs and Safety Plans.

FIRST AUTHOR: Rep. Schaibley

FIRST SPONSOR:

BILL STATUS: 2nd Reading - 1st House

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill provides that an individualized mental health safety plan includes information concerning a patient's physical health. The bill provides that an emergency medical services provider agency with an approved mobile integrated healthcare program shall be operated by a city, town, or township in accordance with the rules and under the guidance of the Indiana Emergency Medical Services Commission. The bill provides that upon disclosure of a patient's individualized mental health safety plan, a mobile integrated healthcare program or a mental health community paramedicine program may provide certain services to help facilitate the patient's safe transition back into the community. The bill also provides that a representative of a mobile integrated healthcare program or a representative of a mental health community paramedicine program may request a patient's individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider if certain conditions are met.

Effective Date: July 1, 2021.

Explanation of State Expenditures: *Summary - Family and Social Services Administration (FSSA):* The FSSA's Division of Mental Health and Addiction could experience a minor increase in administrative workload in order to revise the standard format of an individualized mental health safety plan to include information concerning a patient's physical health as required by the bill. Any additional workload would be expected to be completed within existing staffing and resource levels.

Department of Homeland Security (DHS): The DHS and the Emergency Medical Services (EMS) Commission are granted authority by IC 16-31-12 to define mobile integrated health (also known as community paramedicine) programs and establish approval criteria for communities interested in developing

these programs. The EMS Commission is currently in the process of establishing guidance and structures for mobile integrated health programs to be approved. To the extent the bill facilitates the growth of mobile integrated health programs in the state, the EMS Commission could experience additional workload to review applications and provide oversight and technical assistance as more publicly operated EMS providers seek state recognition of these programs. Any additional workload would be expected to be completed within existing staffing and resource levels.

State Health Care Programs: The bill may have an indeterminable impact on spending for medical services for members of the Medicaid, Children's Health Insurance Program (CHIP), and state employee health plans. The ability of mobile integrated health programs to facilitate and coordinate services under an individualized mental health services plan could result in additional claims for services provided by mental health professionals or other practitioners. However, in many cases it is expected that this coordination of services would prevent more costly emergency room visits or inpatient stays, resulting in a net decrease in expenditures.

Additional Information -

Medicaid and CHIP: Medicaid and CHIP are jointly funded between the state and federal governments. The standard state share of costs for most Medicaid medical services for FFY 2021 is 34%, or 10% for the age 19 to 64 expansion population within the Healthy Indiana Plan. The standard state share of CHIP costs is 24%. The state share of administrative costs is 50%. Under federal COVID-19 relief legislation, the state share of costs is decreased to 28% for traditional Medicaid enrollees and 20% for CHIP enrollees for the duration of the federally declared public health emergency.

State Employee Health Plans: Costs for the state health plans are shared between the state and state employees covered by the plan as determined in the plans' designs, including premiums, coinsurance, copayments, and deductibles. A change in premiums cost may be mitigated with adjustments to other benefits or to employee compensation packages, or through the division of premium costs between the state and state employees.

Explanation of State Revenues:

Explanation of Local Expenditures: *Public EMS Providers* - EMS providers operated by local units of government may experience additional workload to align existing or proposed mobile integrated health programs with the bill's specifications concerning individualized mental health safety plans.

Local Health Plans - The bill potentially impacts local units of government that offer health insurance coverage for employees. Changes in local health coverage costs may be mitigated with adjustments to other benefits or to the total employee compensation packages, or through the division of costs between the local unit and employees.

Explanation of Local Revenues:

State Agencies Affected: Family and Social Services Agency, Division of Mental Health and Addiction; Department of Homeland Security, EMS Commission.

Local Agencies Affected: EMS providers operated by local governments; Local government units offering employee health coverage.

Information Sources: EMS Commission, [*Mobile Integrated Health*](#).

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